STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675885	A. Building B. Wing	07/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Burleson Manor	1022 Presidential Corridor Hwy 21 E Caldwell, TX 77836

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0555 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Honor the resident's right to choose his or her attending physician. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49099 Based on observation, interview, and record review, the facility failed to honor the residents right to choose his or her attending physician for 4 of 4 residents (Resident #1, Resident #2, Resident #3, and Resident #4) and the entire facility reviewed for resident rights. The facility did not honor any residents right to choose his/her primary care physician as his/her attending physician after the facility terminated their Medical Director agreement and changed the attending physician without notice to the residents or their representatives effective 07/04/24. This deficient practice could place residents at risk of decreased quality of care and treatment due to their lack of free choice for their attending physician care while in the facility. Findings included: Resident #1 Record review of Resident #1's face sheet dated 07/19/24 revealed a [AGE] year-old female admitted to the facility on [DATE] with a diagnosis of unspecified dementia-unspecified severity-without behavioral disturbance- psychotic disturbance- mood disturbance- and anxiety (a group of symptoms that affects memory, thinking, and interferes with daily life), hypothyroidism-unspecified (a condition resulting from decreased production of thyroid hormone), hyperlipidemia-unspecified (high cholesterol, or condition in which the blood contains a high level of fats), chronic ischemic heart disease (occurs from reduced blood flow to the heart muscle from blocked arteries), and unspecified chronic atrial fibrillation (irregular and often rapid heartbeat). Record review of Resident #1's quarterly MDS assessment dated [DATE] revealed a BIMS score of 03 indicating severe cognitive impairment. An interview on 07/19/24 at 11:20 AM with Resident #1 she stated she was always encouraged to see a doctor as needed by the facility. Resident #1 stated she was not informed of having her doctor changed but recalled meeting with the new attending physician who introduced himself to her. Resident #1 was observed sitting in her recliner at bedside, was well groomed, and her mood appeared well; she was able to answer other questions at the time of the interview coherently and appeared to understand the questions being asked. She stated she did not have any concerns with the new attending physician. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0555 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Resident #2 Record review of Resident #2's face sheet dated 07/19/24 revealed an [AGE] year-old female admitted to the facility on [DATE] with a diagnosis of Alzheimer's disease- unspecified (a gradual decline in memory, thinking, and reasoning skills), wheezing, dysphagia-oropharyngeal phase (a condition with difficulty in swallowing food or liquid), edema-unspecified (swelling caused due to excess fluid accumulation in the body tissues), chronic obstructive pulmonary disease (chronic lung disease that causes breathing difficulty, cough, mucus production and wheezing), hyperlipidemia (high cholesterol, or condition in which the blood contains a high level of fats), depression (mood disorder that causes persistent sadness and loss of interest), and heart failure (a condition where the heart cant pump enough blood to meet the body's needs). Record review of Resident #2's quarterly MDS assessment dated [DATE] revealed a BIMS score was not assessed. An interview on 07/19/24 at 11:50 AM with Resident #2 and [family member] in the room, they stated they were not notified of the attending physician change that took place. The [family member] stated she was the responsible party for Resident #2 and in the past has received letters in advance notifying her when there was a change in physician, but she did not receive notification this time neither by mail nor in person by facility staff. The [family member] stated they also did not have a say in selecting any other physician, one was just assigned which she did not like as she was not given the option. Resident #2 stated she was not informed in advance of the decision to change the attending physician via letter or in advance by the facility nor was she given an option on who to choose. The [family member] said it was the residents right to be informed and not given the right was upsetting. Resident #3 Record review of Resident #3's face sheet dated 07/19/24 revealed an [AGE] year-old female admitted to the facility on [DATE] with a diagnosis of displaced intertrochanteric fracture of right femur subsequent encounter for closed fracture without routine healing (type of hip fracture), edema (swelling caused due to excess fluid accumulation in the body tissues), primary hypertension (high blood pressure), and chronic kidney disease. Record review of Resident #3's significant change MDS assessment dated [DATE] revealed a BIMS score of 11 indicating moderate cognitive impairment. An interview on 07/19/24 at 12:09 PM with Resident #3's [family member] he stated he was the responsible party for Resident #3 and participated in managing the care for Resident #3 such as attending the care plan meetings when possible. The [family member] stated he did not get notified of the change in attending physician, he said he did not receive a letter from the facility nor was he informed about it over the phone or in person and given options in providers. An attempt was made to interview Resident #3, however, due to a decline in health and hospice pain medications that were administered Resident #3 was unable respond to interview questions as she was in a sedative state. Resident #4 (continued on next page)

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F 0555 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Record review of Resident #4's face sheet dated 07/19/24 revealed a [AGE] year-old female admitted to the facility on [DATE] with a diagnosis of unspecified dementia-severe-with other behavioral disturbance (a group of symptoms that affects memory, thinking, and interferes with daily life), disorder of kidney and ureter-unspecified, repeated falls, dysuria (pain or burning sensation while passing urine), localized edema (swelling caused due to excess fluid accumulation in the body tissues), and delusional disorders. Record review of Resident #4's quarterly MDS assessment dated [DATE] revealed a BIMS score was not assessed. An interview on 07/19/24 at 12:20 PM with Resident #4's [family member] she stated she was the responsible party for Resident #4 and would participate in the care plan meetings as needed. The [family member] stated she was concerned because Resident #4's attending physician was changed without notifying her as the responsible party. The [family member] said she was extremely upset by this because Resident #4 has had APH A as the attending physician for years; she said APH A had an established relationship and knew the care and goals of Resident #4. The [family member] said they did not get a choice in selecting the new attending physician that one was just assigned. The [family member] stated she was so upset by this she did her own research to discover this was a resident rights issue. The [family member] stated she also learned of the change in attending physician by another family member who was upset about the change after the change had already taken place, she stated she never heard it from the facility. The [family member] stated that since the change took place at the beginning of July 2024, the new attending physician has made his rounds and introduced himself however she would like to have a different attending physician assigned. An interview on 07/19/24 at 11:28 AM with MA B she stated the change in attending physician was a surprise to both staff and residents. MA B stated she was spoken to by numerous residents' family members when the change took place as well as residents who were not notified that the attending physician was changing. MA B stated she recalled seeing a note at the nurse's station when the change took place was not formally notified in advance and was not aware of any of the residents being notified of the change in advance. (continued on next page)

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F 0555 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	An interview on 07/19/24 at 12:56 PM with APH A she stated she was the attending physician for the facility prior to the change that took effect July 4th of 2024. APH A said she managed care along with NP C for 100% of the facility census prior to the change. APH A stated that she was shocked when she found out that she was no longer the attending physician to the facility; she said she was not given a 30 day notice which was standard practice and also was not aware of who the new attending physician would be so she was unable to meet with them in advance in order to participate in a transfer of care which would have included updating the new physician all the residents current conditions. APH A stated this change affected all the residents in the facility because it was her license number that was used when admitting residents, adding orders, and she oversaw the care of them all. APH A stated she was made aware of the changes on 7/04/24 because NP C attempted to call the facility to give orders and the facility told her they no longer had access to the residents' records. NP C stated to her knowledge the new physician took over on 7/04/24 as the new attending physician and medical director. APH A said the only notice that was provided was a 30-day notice given on 6/3/24, terminating the contract with the medical director, she stated that the attending physician relationship was different and that notice given and contract terminated would not have had any change to the patient/ physician relationship with the residents. She said the residents, or their representatives should have been provided with their own 30-day notice of change. APH A stated she believed it did not happen however because multiple families reached out to her expressing their concern and anger of the change without notification. APH A stated she did not believe there was a negative outcome that resulted in harm to any of the residents from the change, but she believed they should have been notified because it was a resident right to choose their attending physician. An interview on 07/19/24 at 01:42 PM with NP C she stated she contacted the facility on 7/4/24, in order to give an updated order for a resident but was told by the charge nurse that she did not have access to the residents' medical records as a new company had taken over and they were provided a new medical director/ attending physician. NP C stated that prior to this change she along with APH A cared for 100% of the residents in the facility. NP C stated she was not notified in advance that this change was taking place and was surprised; she also stated that the charge nurse also seemed confused in the matter and thought the facility failed to also notify the staff, residents, and their representatives appropriately of the change of attending physician. NP C stated that by failing to notify her and APH A they were not able to do an appropriate transfer of care' with the new attending physician. She also stated it was a resident right to choose who their doctor was, and they should have been notified in advance of the change, she said many of the residents in the facility have had APH A as the attending physician for many years and she believed the residents opinions and choices were not heard or respected. NP C stated in the end she was able to speak with the DON about the residents she was calling about and did not believe a lapse in care took place that caused harm to any of the residents as a result of this change. (continued on next page)

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F 0555 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	An interview on 07/19/24 at 01:49 AM with the DON she stated the change in attending physician that covered all the residents took effect 7/4/24. She stated she was new in her role but to her knowledge the residents or their representatives were made aware of the changes via a postal letter sent out by corporate a month before the changes took place. The DON stated the previous attending physician should have been made aware of the changes as well. The DON stated to her knowledge there was not a lapse in care and the new attending physician was able to start making rounds right away. The DON said it was a resident right to be able to choose their own doctor and to be informed of who is providing care. She stated a negative outcome of not being informed of a change in attending physician was the resident would not know who was treating them or their treatment plan. She stated if the previous attending physician was not notified, they would also not be able to do a transfer of care and the providers would be trying to follow up on a resident they did not have care over. An interview and record review on 07/19/24 at 02:38 PM, the contract with the previous MDR was reviewed which specified it was for the role of the Medical Director. The ADM provided an email thread of communication between corporate and MDR dated 06/03/24. Record review of an email thread between corporate and MDR dated 06/03/24 revealed a 30-day notice was emailed to the MDR indicating the contract for the role as Medical Director would be terminated with the last effective date 06/02/24. A follow up email in the thread from corporate dated 06/24/24 to the MDR then clarified if services from MDR would be provided through 06/03/24 to which MDR confirmed. The email thread and contract specified the termination of services for the Medical Director but did not refer to services being provided by APH A as attending physician or termination of those services. In an interview with MDR on 07/19/24 at 03:15 PM, he stated he communicated with the facility's corporate office both via email and phone call. The MDR stated that in their communication it was the agreement for the role of Medical Director which was terminated 06/03/24 not any relationship between the attending physician and the residents. The MDR stated that was a separate patient/ doctor relationship that has no contract and if changes are made the resident or their representative should be made aware and should have a right to choose. The MDR stated he was not informed by the facility that they would be changing the attending physician and did not believe the residents were notified appropriately. An interview and record review on 07/19/24 at 03:29 PM the ADM provided an untitled copy dated 06/04/24of what the letter that corporate would have sent out to the families. The ADM stated to her knowledge that was the letter that would have gone out to the families, she was unable to provide evidence to support to whom, where, or when the letters were mailed. The letter also only specified that the facility would be receiving a new medical director effective 07/04/24, it did not say that the attending physician would be changed or give the residents or their representatives a choice in attending physician. The ADM stated the residents always have a right to choose their attending physician and have a right to be notified of changes in their care. The ADM stated by not being informed of those changes it could have caused the residents to be confused and that it was important they know who was providing care. Record review of the facility Resident Rights policy dated 09/01/23 revealed: (continued on next page)

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F 0555 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The resident has a right to be informed of and participate in his or her treatment including: the right to be informed in advance of the care to be furnished and the type of care giver or professional that will furnish care. Choice of attending physician. The resident has the right to choose his or her attending physician.